

**New Jersey Department of Health and Senior Services**  
**LOCAL HEALTH EVALUATION REPORT**  
**PROGRAM MANAGEMENT AND LEADERSHIP**

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Local Health Department	County	Calendar Year
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**Provide the name of the individual responsible for each of the following program areas:**

Program Area Name of Manager, Degree	License/ Certification (for Health Educator Only)	Years of Experience	Full Time/ Part Time	Contractual
Administration			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance/Budgets			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Health Planning			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information Technology			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Education	<input type="checkbox"/> CHES <input type="checkbox"/> ANCC		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Health Nursing			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disease Control			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal/Child Health			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Older Adult Health			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Other:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Certification applies to Health Educator Only.